PATENT	APPL	<b>ICATION</b>	FEE	DETE	RMINAT	TION REC	ORD
		T (C 1)	1	1	2002		

Effective January 1, 2003

Application or Docket Number

10/849696

(Column 1) (Column 2)					mn 2)	n 2) SMALL ENTITY				OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS			100,01111	<u> </u>	1			RATE	FEE	OR <b>1</b>	RATE	FEE
FOR		NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE			BASIC FEE		
				NOMBEREATIA				4212	OR		4790	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$25≡		OR	X\$ <i>57</i> =	
INDEPENDENT CLAIMS			minus 3 =					YO		OR	×200=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+/85=		OR	+360=	
* If the difference in column 1 is			ess than zero, enter "0" in col		column 2	TOTAL			OR	TOTAL		
CLAIMS AS A			MENDED - PART II						١.	OTHER	THAN	
(Column 1)			(Column 2) (Column HIGHEST		(Column 3)	SMALL ENTITY			OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	* 21	Minus	** 3	0	=	X\$10=		OR	X\$ <b>14</b> =	÷	
AME	Independent	* 2	Minus	***	3	=		760 X <del>42</del> =	•	OR	200 X84	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIM			180 + <del>140=</del>		OR	360	
			*					TOTAL		OP.	TOTAL	
		(Column 1)		/Colum	mn 2\	(Column 3)		ADDIT. FEE		9".	ADDIT FEE	
AMENDMENT B	1888 729	CLAIMS		HIGH	IEST.		l		ADDI-			ADDI-
		REMAINING AFTER		NUM PREVIO	DUSLY.	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	AMENDMENT	Minus	PAID	FOR	2 No. 7 No. 1	10 miles	<i>25</i>	FEE		X518=	FEE
	Independent		Minus	***			意源	X8 V=		OR	200 X84=	
A	San	NTATION OF MU	Mary mark that the	ENDENT	CLAIM		3.47 3.6	48 . 4 1 to 3 . 4 .		OR	X <del>84</del> =	
								140		OR	±280-	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2).	(Column 3)						
ပ		CLAIMS REMAINING		HIGH NUM	BER	PRESENT			ADDI-		27	ADDI-
<b>AMENDMENT C</b>		AFTER AMENDMENT		PREVIO PAID		EXTRA		RATE	TIONAL FEE	: £	RATE	TIONAL FEE
	Total	*	Minus	**				25" X\$ <b>\q</b> =		OR	30 X <del>\$18</del> =	
	Independent	*	Minus	***		=		×100		OR	200 X <del>0</del> 4=	
L	FIRST PRESE	NȚATION OF MI	JLTIPLE DEF	ENDENT	CLAIM		1	180 + 140=			360	
	If the entry in colu	mn 1 is less than th	ne entry in colu	nn 2, write	e "0" in co	lumn 3.	- [	+ <del>140=</del> TOTAL		OR	+ <del>280</del> =	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE ADDIT. FEE												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												